#### U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Phoenix Area Indian Health Service Office of Human Resources, Two Renaissance Square 40 North Central Avenue, Suite 510, Phoenix, AZ 85004-4424

Preference in filling vacancies is given to qualified Native American Indian Candidates or Alaska Natives in accordance with the INDIAN PREFERENCE ACT, TITLE 25, US CODE, SECTION 472 & 473. In order than the above, the Indian Health Service is an Equal Opportunity Employer.

REANNOUNCEMENT: Re-announced to solicit for additional applicants. Applicants who previously applied need not reapply and may update their application or submit additional information.

ANNOUCEMENT NUMBER OPENING DATE CLOSING DATE SWR-08-0457-1 10-15-2008 10-24-2008 (midnight)

POSITION TITLE/SERIES/GRADE: Maintenance Mechanic Helper, WG-4749-05

STARTING SALARY: \$15.39 - \$17.95 per hour

PROMOTION POTENTIAL: None SUPERVISORY/MANAGERIAL: None

RELOCATION EXPENSES: Not Authorized
APPOINTMENT/WORK SCHEDULE: Permanent Full-Time
AREA OF CONSIDERATION: Government Wide

DUTY LOCATIONS: PHS Indian Hospital, Facilities Management

Ft. Yuma Service Unit, Winterhaven, CA

**JOB DESCRIPTION:** Assists in performing carpentry, painting, plumbing, and installation of electrical wiring and devices in connection with repairs, alterations, or additions to buildings, sheds, and structures. Performs the routine preventive maintenance tasks as outlined by the supervisor in a timely manner, and documents that the prescribed preventive maintenance tasks are accomplished. Use a variety of power equipment, instruments and hand tools.

WHO MAY APPLY: Excepted Service and Merit Promotion Plan Eligibles. U.S. citizenship is required.

- Excepted Service Examining Plan Candidates (ESEP) Individuals entitled to Indian Preference who wish to be considered for excepted appointment in IHS, under authority of 5 CFR, Part 213, Schedule A 213.3116(B)(8).
- Merit Promotion Plan Candidates (MPP) Current permanent competitive Federal status employees, reinstatement eligible, and current IHS Indian Preference individuals and/or individuals who are eligible for excepted appointment in IHS under some other authority (e.g., handicapped authority, etc).
- Veteran's Preference Preference eligible veterans who have been separated from the armed forces under honorable conditions after 3 years or more of continuous active service may apply.

Indian Preference applicants must indicate on their applications whether they are applying under the MPP, ESEP, or both. If not indicated, they will be considered under the MPP.

Qualified disabled applicants (Rehabilitation Act of 1973) and disabled veterans with 30% or more disability are encouraged to apply. Reasonable accommodations will be made for qualified applicants with disabilities, except when doing so would impose undue hardship on the Indian Health Service.

## CONDITIONS OF EMPLOYMENT:

- 1. Selectee(s) are required to be immunized against Measles and Rubella and provide documentation prior to or at the time of their start date. Special consideration may be allowed to individuals who are allergic to a component of the vaccine or are currently pregnant. Selectee must have documented immunity to Rubella and Measles.
- 2. Employment is contingent on a cleared background investigation for the level required by this position. Selectee(s) are required to complete Security questionnaire and fingerprint chart for investigative purposes under PL 101-630 Indian Child Protection and Family Violence Prevention Act. Persons, who have been arrested for or charged with a crime involving a child, or violent crime against a person, are not eligible for employment with IHS under PL 101-630.
- 3. Selectee(s) are required to complete a "Declaration of Federal Employment Optional Form 306" to determine your suitability for Federal Employment, and to certify the accuracy of all the information in your application. Persons making false statements in any part of the application may not be hired; or fired after employment starts; or may be fined.
- 4. Males born after December 31, 1959 are required to be registered with the Selective Service System in order to be eligible for employment with the Federal Government.
- 5. Selectee(s) are required to have a viable bank account at a financial institution for electronic direct deposit of salary payment.
- 6. Some service units operate under extended service hours 7 days per week.
- 7. The incumbent may be required to travel and must possess a valid driver's license.

**QUALIFICATION REQUIREMENTS:** Applicants must be able to perform the tasks of the position. Rating will be based on the following elements: **Supplemental Experience statement must be submitted**.

- 1. Ability to do the work of the position without more than normal supervision.
- 2. Knowledge of preventive maintenance.
- 3. Ability to use of measuring instruments.
- 4. Ability to use and maintain tools and equipment.
- 5. Knowledge of materials.

**TIME IN GRADE:** Candidates must have completed at least one year of service in a position no more than one grade lower than the position to be filled. (If selected under the Excepted Service Examining Plan, such individuals may be appointed under Schedule A authority without regard to Time-In-Grade requirements.)

**LEGAL AND REGULATORY REQUIRMENTS:** Candidates must meet time-after competitive appointment, time-in-grade, and qualification requirements within 30 calendar days after the closing date of the vacancy announcement.

**METHODS OF EVALUATION:** Evaluation is made on the basis of appropriate education, experience, performance appraisals, training, self-development, outside activities and special awards. Experience related to tribal involvement and to Indian community projects will also be evaluated. Applicants will also be evaluated on the following ranking factors, i.e., Knowledge, Skills, and Abilities (KSA's)

**SUPPLEMENTAL QUESTIONNAIRE on KNOWLEDGE, SKILLS, AND ABILITIES (KSA):** On a separate sheet of paper, discuss how you performed (or have potential to develop) the particular knowledge, skill, or abilities listed below. (Failure to submit written responses as part of your application may result in an ineligible rating.)

## (See Attachment)

## **HOW TO APPLY/REQUIRED FORMS:**

- 1. Applicants may use on the following to apply: (1) OF-612 Optional Application for Federal Employment, <u>or</u> (2) Resume (see requirements in <u>Attachment A</u>).
- 2. If claming Indian Preference, BIA 4432 "Verification of Indian Preference for Employment in BIA and IHS".
- 3. If claming Veteran's Preference, copy of DD-214 Form, and SF-15 if claiming 10 point Veteran's Preference.
- 4. Copy of latest Personnel Action (SF-50), if a current or formal employee, and/or if requesting Reinstatement Eligibility.
- 5. Completed PL 101-630 Questionnaire (form attached)
- 6. Completed Selective Service Registration Form (**form attached**)
- Written Responses to the Knowledge, Skills, and Abilities (KSA)
   (OPTIONAL ~ failure to submit may result in an ineligible rating or substantially lower score).

Application and required forms must be identified by this announcement number and submitted to the address below:

ATTN: SWR-08-0457-1 Office of Human Resources Phoenix Area Indian Health Service Two Renaissance Square 40 North Central Avenue, Suite 510 Phoenix, AZ 85004

All submitted materials are subject to retention by this office. Your application must be received by 12:00 AM (Midnight) the day the vacancy closes. Facsimile is acceptable. You should duplicate and retain copies, since requests for copies will <u>not</u> be honored. Additional information regarding Federal job opening can be obtained at <a href="www.opm.gov">www.opm.gov</a>, or at USAJOBS <a href="www.usajobs.opm.gov">www.usajobs.opm.gov</a> or check the IHS Website at <a href="www.ihs.gov">www.ihs.gov</a>. All documents are subject to the provision of the Privacy Act (PL 93-579) and become the property of Department of Health and Human Services (DHHS).

**Phone:** (602) 364-5219

**Fax:** (602) 364-5176

Additional selections of candidates may be possible within 90 days from the date the certificate of eligible is issued for this announcement, for filing additional or similar positions.

Human Resource Specialist: (Call 602-364-5219 to contact a Human Resources Specialist.) Date: 10/14/2008

## ATTACHMENT A

**Resume Requirements** - Your resume or other application format must contain the following information to allow for qualification determination.

- Identify your application/resume by the announcement number, title and grade(s)
- Full Name (first, middle, last ~ include other names used, i.e., maiden name)
- Mailing Address
- Phone Number where you can be reached
- Email Address (if applicable)
- Social Security Number
- Country of citizenship
- Education: list high school and colleges attended, type of degree (list major) received, date of degrees conferred, and city and state of school.
- Work Experience: (include non-paid work as well as paid)
  - Job Title (if Federal employment, indicate series and grade)
  - Duties and Accomplishments
  - Employer's name and Address
  - Employer's name and phone number
  - Starting and ending dates of employment (month/year)
  - Hours of work per week
  - Salary
  - Indicate if you do <u>not</u> want us to contact your current supervisor (if not specified, it will be assumed that we may do so)
- List job related training (title, year obtained, hours of training)
- Honors or awards received
- License or certificates obtained (submit with application)
- Special accomplishments (i.e., publications, memberships, leadership and community recognition, etc)

Indicate if you do not want your current supervisor contacted for reference purposes.

## ATTACHMENT B

- 1. You may be eligible for special selection priority consideration under the Career Transition Assistant Program (CTAP) if you are a current career or career-conditional (tenure group I or II) employee of the DHHS Agency at the GS-15 grade level or below or equivalent, and who has received a specific RIF separation notice or a Certificate of Expected Separation indication your job is surplus, or notice of removal for declining a directed reassignment or transfer of function outside the local commuting area. To qualify for special selection priority consideration under CTAP you MUST also meet the criteria shown in paragraph 3 below.
- 2. You may be eligible for special selection priority consideration under the Interagency Career Transition Assistance Program (ICTAP) if you are a current or former career-conditional (tenure group I or II) employee of any agency in the competitive service at the GS-15 grade level or below or equivalent, who has received a specific RIF separation notice or a notice of proposed removal for declining a directed reassignment or transfer of function outside the local commuting area. You may also be eligible if you were separated because of a compensable injury and your compensation has been terminated; or you retired with a disability and your disability annuity has been or is being terminated; or you were in receipt of a RIF separation notice and retired on the effective date of the RIF or under discontinued service; or you are a former Military Reserve Technician or National Guard Technician who is receiving a special disability retirement annuity from OPM. To qualify for special selection priority consideration under ICTAP you MUST also meet the criteria shown in paragraph 3 below.
- 3. To qualify for special selection priority consideration under CTAP or ICTAP for this vacancy, you <u>MUST</u> also meet <u>ALL</u> of the following:
  - (a) Have a current or last performance rating of record of at least fully successful or equivalent. A copy <u>MUST</u> be submitted with your application package. (Note: this requirement does not apply to candidates who are eligible due to compensable injury or disability retirement).
  - (b) Be applying for a position at or below the grade level from which you will be, or have been separated, and which does not have a greater promotion potential that the position from which you will be, or have been separated.
  - (c) Occupy or be displaced from a position in the same local commuting area of the position for which you are requesting priority consideration.
  - (d) File your application by the vacancy announcement closing date and meet all the applicable criteria. Your application MUST include ALL documents that support your claim of eligibility for priority consideration RIF separation notice, or notice of proposed removal for declining a directed reassignment or transfer of function to another commuting are; SF-50 Notification of Personnel Action, showing that they were separated as a result of RIF, or declining a transfer of function or directed reassignment to another area; official certification from an agency stating that it cannot place an individual whose injury compensation has been or is being terminated; or official notification from the Military Department or National Guard Bureau that the employee has retired under 5 USC 8337(h) Or 8456.
  - (e) Be rated "well qualified" for this position. A numerical rating of 85 is considered to be well qualified for this position.

## APPLICANT'S STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law {5 U.S.C. 3328} requires that you must be registered with the Selective Service law, unless you meet certain exemptions under Selective Service law. If you are required to register but knowingly and willfully fail to do so, you are ineligible for employment by executive agencies of the Federal Government.

## **CERTIFICATION OF REGISTRATION STATUS**

Charle	
Check	DIE.
{ }	I certify I am registered with the Selective Service System.
{ }	I certify I have been determined by the Selective Service to be exempt from the registration provisions of Selective Service law.
{ }	I certify I have not registered with the Selective Service System.
{ }	I certify I have not reached my 18th birthday and understand I am required by law to register at that time.
NON-I	REGISTRANTS UNDER AGE 26
	are under age 26 and have not registered as required, you should register promptly at a United States Post Office or consular fyou are outside the United States.
NON-I	REGISTRANTS AGE 26 OR OVER
register the Off decision OPM d	were born in 1960 or later, are 26 years of age or older, and were required to register but did not do so, you can no longer under Selective Service law. According, you are not eligible for appointment to an executive agency unless you can prove to ice of Personnel Management (OPM) that your failure to register was neither knowing nor willful. You may request an OPM a through the agency that was considering you for employment by returning this statement with your written request for an etermination together with an explanation and documentation you wish to furnish to prove that your failure to register was knowing nor willful.
PRIVA	CY ACT STATEMENT
to prov This in	e information on your registration status is essential for determining whether you are in compliance with 5 U.S.C. 3328, failure ide the information requested by this statement will prevent any further consideration of your application for appointment. formation is subject to verification with the Selective Service System and may be furnished to other Federal agencies for law ment or other authorized use in implementing this law.
FALSI	E STATEMENT NOTIFICATION
	statement may be grounds for not hiring you, or for firing you if you have already begun work. Also, you may be punished by imprisonment (Section 1001 of title 18, United States Code).
Legal s	ignature of individual {please use ink}
Date si	gned {please use ink}

# Addendum to Declaration for Federal Employment (OF 306) Indian Health Service Child Care & Indian Child Care Worker Positions

Item 1	15a. Agency Specific (	Questions		
Name	:		Social Security Number:	
	(Please pri			
Job Ti	tle in Announcement:	Maintenance Mechanic Helper	Announcement Number:	SWR-08-0457-1
			s that employment applications for Fede ged with a crime involving a child and for	
and Hun	nan Services that involve regu		), contains a related requirement for position children. The agency must ensure that crimes.	
To assu	re compliance with the abo	ove laws, the following question	s are added to the Declaration for Fe	ederal Employment:
1)	Have you ever been arres	ted for or charged with a crime	involving a child? YESNO_	
		ate, explanation of the violation, e and address of the police depa	disposition of the arrest or charge, rtment or court involved.]	place of
2)	misdemeanor offense und	ler Federal, State, or tribal law i	nolo contendere (no contest) or guilt nvolving crimes of violence; sexual rsons; or offenses committed against	assault, molestation,
		ate, explanation of the violation, se department or court involved.	disposition of the arrest or charge, ]	place of occurrence, and the
years in	nprisonment, or both; and (	(2) I have received notice that a t made available to the Indian H	nalty of perjury, which is punishable criminal check will be conducted. I ealth Service and my right to challe	understand my right to obtain a
Applica	ant's Signature (sign in	ı ink)	Date	

Public Burden Statement: In accordance with Paperwork Reduction Act (5 CFR 1320.8 (b)(3), a Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Respondents must be informed (on the reporting instrument, in instructions, or in a cover letter) the reasons for which the information will be collected; the way the information will be used to further the proper performance of the functions of the agency; whether responses to the collection of the information are voluntary, required to obtain a benefit (citing authority), or mandatory (citing authority); and the nature and extent of confidentiality to be provided, if any (citing authority). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection information. Send comments regarding the burden estimate or any other aspect of this collection of information to the IHS PRA Information Collection Clearance Staff, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852. Please do not send completed data collection instruments to this address.

FORM APPROVED: O.M.B. NO. 0917-0028 Expires 02/28/2009

## SUPPLEMENTAL EXPERIENCE STATEMENT

(To accompany OF-612, APPLICATION FOR FEDERAL EMPLOYMENT)

# Maintenance Mechanic Helper, WG-4749-05, Vacancy Announcement# SWR-08-0457-1

NAME:	Date of Birth:	
(Mr.) (Mrs.) (First, Middle, Maiden (If any), and Last)		
NOTE TO APPLICANTS: Use Columns II and III to answer questions in Column I. Use additional plain sheets of paper if needed.		
	Total a Francisco Francisco Francisco	

Column I	Column II	Column III
Questions to Competitors	Indicate Job number of Experience Block on SF-171 To which this refers.	In this column, write your answers to the questions in column I. For schooling, include formal school, trade school, military classes, etc.; state subjects and grades. Tell experiences applicable to the position, paid or unpaid, part or full-time and hobbies appropriate to the job.
ELEMENT 1: ABILITY TO DO THE WORK OF THE POSITION WITHOUT MORE THAN		
NORMAL SUPERVISION. Tell about experience you have had that shows you can work on the basis of your own judgment. Show the kinds of work you can do by yourself, without the help of a boss or supervisor. What responsibilities have you been given on jobs, in the Armed Forces, in your community, etc.? Give examples of deadlines you have had to meet as a maintenance worker, janitor, or with other jobs.		
ELEMENT 2: KNOWLEDGE OF PREVENTIVE MAINTENANCE: Tell how you have gained and used this knowledge form the theoretical side (as in books or in school), and from the practical side (as installing, operating, adjusting, repairing, fabricating, inspecting, etc). Explain in detail your experience in this element as it applies to equipment, building, utilities, etc. in a health care facility. What have you made of parts manuals and catalogs? To what extent can you use this knowledge on the basis of your own judgment? How much help and explanation must you get from your supervisor? If you have used this knowledge for supervising or instructing others, what supervision or instruction did you give, and to what kind of workers?		

ELEMENT 3: ABILITY TO USE OF		
MEASURING INSTRUMENTS: What		
mechanical and electrical measuring instruments		
have you used? For each measuring instrument and		
testing instrument used, give examples of what you		
used it for and tolerances to which you had to test or		
measure. You should include any experience with		
instruments for carpentry, electrical, masonry,		
plumbing, boiler, heating, air conditioning,		
refrigeration, and tell your degree of proficiency with		
the instruments used. Describe any experience you		
have had in which you taught others how to use		
testing and measuring instruments; for what		
purpose?		
ELEMENT 4: ABILITY TO USE AND		
MAINTAIN TOOLS AND EQUIPMENT. List		
the tools and equipment (not described before) that		
you can use, and tell where you have used them.		
Give examples of the more difficult work you have		
done with hand and power tools. To what extent		
have you adjusted, repaired, and maintained tools		
and equipment? Tell about any jobs where you have		
trained others in the use of tools and equipment, and		
the kinds of tools and equipment involved. Tell how		
you gained your knowledge of tools and equipment.		
you gamed your knowledge of tools and equipment.		
ELEMENT 5: KNOWLEDGE OF		
MATERIALS. List the kinds of materials which		
you have had to know about and use such as		
hardware, plastics, chemicals, lumber, paint, glass,		
leather, conductors, fasteners, wiring, tubing, etc.		
Tell what jobs you used these on. Give some		
examples of your ability to substitute materials.		
Give some examples to show how you select		
material for different jobs according to purpose,		
trade standards, durability, strength, etc. How do		
you determine working properties, durability, and		
other characteristic of materials? Describe some		
project where you have had to estimate material		
needs and costs of maintenance, repair, or		
construction projects.		
A.C. 11 1' 1.1' C	1 1 41	

After completing the application and this form, look them over carefully to make sure that both have been signed and that you have answered every question. Be sure that you have given complete information about your experience. You cannot be given credit for work you did not

tell us about.					
STATEMENTS CONCERNING QUALIFICATIONS WILL BE VERIFIED BY THE CIVIL SERVICE COMMISSION. EXAGGERATION OR MISSTATEMENTS MAY BE CAUSE FOR YOUR DISQUALIFICATION OR LATER REMOVAL FROM THE SERVICE. <u>CERTIFICATION</u>					
I certify that all of the statements made in this application are true, complete and correct to the best of my knowledge and belief and are mad in good faith.					
Signature of Applicant: Date:					